

Electronic Filing System (EFS) Data

Electronic Patent Application Submission

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EFS ID: 12064
Application ID: 09682225
Title of Invention: Transportable Storage with an Autonomous Dispensing System
First Named Inventor: Dale McBride
Domestic/Foreign Application: Domestic Application
Filing Date: null
 Effective Receipt Date: 2001-08-08 
 Submission Type: Utility Patent Filing
 Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: 11909/301
Digital Certificate Holder: cn=Monika J. Hussell, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US
Certificate Message Digest: 4FBzyLKW/VsOPnHrQU3wPA==
 Total Fees Authorized: \$490.0

Payment Category: CC – Credit Card
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JG930 U.S. PRO
09/682225
08/08/01



TRANSMITTAL FORM

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 11909/301

Transportable Storage with an Autonomous Dispensing System

First Named Inventor: Dale McBride

SUBMITTED BY

Name: Ms. Monika J Hussell Esq.
Registration Number: 37,359
Electronic Signature
Mark: /Monika_Hussell/
Date Signed: 20010808

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal	McBrideapds.xml
fee-transmittal	McBridefee.xml
specification	McBride Application.xml
declaration	McBride Declaration.tif
declaration	McBride POA.tif

Attached Image File(s):

McBride Declaration.tif

McBride POA.tif

Comments:

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

The attached application, or
 Application No. _____, filed on _____,
 as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Dale McBride

Signature:  Citizen of: United States

Inventor two: _____

Signature: _____ Citizen of: _____

Inventor three: _____

Signature: _____ Citizen of: _____

Inventor four: _____

Signature: _____ Citizen of: _____

Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	McBride
Title	Transportable Storage...
Group Art Unit	
Examiner Name	
Attorney Docket Number	11909/301

I hereby appoint:

Practitioners at Customer Number

26749

OR

Practitioner(s) named below:

Name	Registration Number

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Dale McBride

Signature

Date

07 AUG 01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments or suggestions regarding the burden of this form may be transmitted to the Patent and Trademark Office, Washington, DC.

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 490

BANK (CREDIT) CARD INFORMATION:

Credit Card Number:	4661
Expiration Date:	20020731
Authorized Name:	David Barnette
Billing Address:	25322

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 20	203	\$ 9	0	\$ 0
Independent Claims: 3	202	\$ 40	0	\$ 0
Multiple Dependent Claims	204	\$ 135		\$ 135

Subtotal For Extra Claims Fees: \$ 135